



State of New Hampshire 2005 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2005

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 02/15/2005
Business ID: 407724
William M. Gardner
Secretary of State

BBP DELCOR, LLC

281 EAST ROAD

FRANCESTOWN, NH 03043

ENTITY TYPE: LLC
BUSINESS ID: 407724
STATE OF DOMICILE: NEW HAMPSHIRE
FEDERAL ID: 820543356

DEVELOPMENT OF REAL ESTATE

ADDRESS OF PRINCIPAL OFFICE:

281 EAST ROAD

FRANCESTOWN, NH 03043

REGISTERED AGENT AND OFFICE:

ALBERT BELL

281 EAST ROAD

FRANCESTOWN, NH 03043

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

A

NAME: ALBERT O. BELL
STREET: 281 EAST ROAD
CITY/STATE/ZIP: FRANCESTOWN, NH 03043

NAME: _____
STREET: _____
CITY/STATE/ZIP: _____

NAME: _____
STREET: _____
CITY/STATE/ZIP: _____

NAME: _____
STREET: _____
CITY/STATE/ZIP: _____

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

B

NAME: ALBERT O. BELL
STREET: 281 EAST ROAD
CITY/STATE/ZIP: FRANCESTOWN, NH 03043

NAME: _____
STREET: _____
CITY/STATE/ZIP: _____

NAME: _____
STREET: _____
CITY/STATE/ZIP: _____

NAME: _____
STREET: _____
CITY/STATE/ZIP: _____

To be signed by the manager, if no manager, must be signed by a member.
I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Please print name and title of signer:

NAME

ALBERT O. BELL

1 MANAGER

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):

A_BELL@CONKNET.COM



WHEN THIS FORM IS ACCEPTED BY THE
PUBLIC DOCUMENT AND ALL INFORMATION

REQUIRED INFORMATION MUST BE COMPLETED

MAKE CHECK PAY
RETURN COMPLETE

New Hampshire Department of State, Ann

State of New Hampshire
Fee - Form LLC 8 - (LLC) 1 Page(s)



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